Best Practice in Long-Term Care Case Management: How Excellent Case Managers Do Their Jobs

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ABSTRACT. Case managers identified as "excellent" by quality reviewers, evaluators, and advocates were interviewed in order to learn how they did their jobs. A second group of case managers whose work was described as "very good" or adequate also were interviewed. Analysis of these interviews found six processes that characterized excellence: honoring the spirit of the rules; risk taking; nurturing the personal side of relationships; managing without formulas; listening and knowing; and relating to supervisors. The key role of supervisors in providing support was also identified. The authors suggest how the findings could be used to improve recruitment, training, and supervision of case managers. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2002 by The Haworth Press, Inc. All rights reserved.]*

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INTRODUCTION

In many states, health authorities have instituted programs of case management to provide long-term care services to frail, chronically ill, and disabled individuals living in the community (Kemper, 1990; Hennessy, 1993; Austin, 1993). Although evidence is inconsistent and incomplete, there is a widespread belief that case management makes it possible for members of these vulnerable populations to remain in the community longer than might otherwise be expected. Much of the research attention paid to case management has focused on determining the cost effectiveness of case management programs (Kemper, 1990; Boyd et al., 1996). Relatively little is known, however, about the determinants of quality in case management practice.

Case managers working in the long-term care arena often are trained as nurses or social workers. It is only since case management has become fairly widespread that researchers have focused on developing models of the skills and competencies particular to case management as an independent discipline (Moore, 1990; Rothman, 1991; Wolk, Sullivan, and Hartmann, 1994; Nufer, Rosenberg, and Smith, 1998.) As many reviews of the literature have noted, there is a plethora of such models (Moore, 1990; Rothman, 1991; Austin, 1993; Wolk, Sullivan, and Hartmann, 1994). In general, these models focus either on the task functions of case management, or on the role assumed by the case manager. An example of the former approach is Rothman's (1991) functional model, which delineates the fourteen tasks of case management (e.g., intake, assessment, goal setting, resource identification and indexing, monitoring, outcome evaluation). Examples of the latter approach include Moore's (1990) conceptualization of case managers as enablers and facilitators and Wolk, Sullivan, and Hartmann's (1994) model of case management as managerial in nature, characterized by the performance of interpersonal, informational, and decision-making roles.

Other research has sought to illuminate the nature of case management by examining the context in which case management is practiced (Austin, 1993), the decision-making processes of case managers (Hennessy, 1993), and the ethical dilemmas facing case managers who are charged with being both "client-centered" and responsible for ensuring client safety and program solvency (Clemens et al., 1994).

There have been several attempts to understand what it means to be doing case management well, both in terms of function and role characteristics. O'Hare and Collins' (1997) scale for assessing social work practice skills includes several skills (e.g., advocating on behalf of cli-

ents, making referrals to other services, networking with agencies to coordinate services) believed to define good case management practice. In developing a new hospital-based case management program, the authors of one paper reported weighting communication, interpersonal, negotiation, and problem solving skills as most important when recruiting new case managers (Galvin and Baudendistel, 1998). A study of rehabilitation case managers found that the most important characteristics of good case managers, as determined by other case managers and by consumers, were: treating clients with respect and dignity; being trustworthy; knowing available resources; being a good listener; being sensitive to consumers' needs; knowing the job market for consumers; and demonstrating motivation in the rehabilitation process (Nufer, Rosenberg, and Smith, 1998).

These published lists of core functions and descriptions of role characteristics do not contribute to our understanding of how case management is actually practiced, however. Lacking a clear understanding of the substance of these functions and characteristics means that we are unable to distinguish quality. These gaps in knowledge have implications for recruitment, training, oversight, staffing, supervision, and evaluation.

METHODS

The research reported here was an effort to gain a greater understanding of case management, how it is accomplished, and how to distinguish levels of quality in case management practice. The study was designed to allow the researchers to discover the characteristics and qualities of excellent case managers. Rather than take a position on "what case management is," and "how to define levels of quality," the researchers sought to discover how and what those individuals working as case managers think about the nature and quality of their work. The research method selected–grounded dimensional analysis–allowed case managers themselves to take the lead in describing the work, identifying its attributes, and specifying desirable practices. Grounded dimensional analysis is an interpretive methodology that combines the basic elements of grounded theory (Glaser and Strauss, 1967; Strauss, 1987), including constant comparison and theoretical sampling, with dimensional analysis (Schatzman, 1991; Caron and Bowers, 2000), which provides a framework for data analysis.

Background

The study was conducted within the state of Wisconsin's long-term care support system. This system provides home and community-based care for Medicaid eligible individuals who are elderly, disabled, or chronically ill. The Wisconsin system is county-based and primarily focuses on maintaining seriously disabled individuals in their own homes.

Case managers working in this system are charged with overseeing Medicaid and Medicare waiver programs. Because Wisconsin made a decision in the early 1980s to create a social model for community-based long-term care, most case managers are trained as social workers, although some have training in other disciplines. Few Wisconsin counties hire nurse case managers, although several employ nurses who are available to the case managers for consultation.

Subject Selection

The obvious challenge to conducting a study of excellent case management is the identification of excellent case managers. Without predetermined criteria of excellence, deciding which case managers are to be studied seems impossible. At the same time, however, use of predetermined criteria would force the researchers to define excellence in case management, thus artificially limiting subjects based on the researchers' perspective. Using any one single source to define excellence, whether an agency or an individual, would have the same effect. That is, it would privilege one perspective and exclude others, foreclosing the possibility of discovering those elements the field recognizes as excellent.

To deal with this methodological and conceptual conundrum, subjects were selected by soliciting the names of the "best" case managers in the Wisconsin long-term care support system from multiple informant sources. Informants included staff from the Wisconsin Division of Community Services, The Management Group (a contract organization that does quality review of county case management programs), three consumer advocacy groups working with populations served by the case management program (frail elderly, children, and persons with disabilities), and three evaluators charged with oversight of long-term support programs in the state. Consistent with the study's aim of allowing the participants to define excellence, these informants were not provided with selection criteria. Instead, informants were asked to provide a list of the best case managers they knew, using whatever criteria they

believed were important. After informants had submitted their lists of excellent case managers, each informant was asked to explain the criteria that had guided their selections. (We explore and compare these criteria later in the paper.)

Every informant responded to the request by providing a list of names. Only the six case managers whose names appeared on every list were included in the study. Each of the six was employed at that time in a county program. All worked with multiple populations, including elderly, disabled, and persons with severe and persistent mental illness. All were social workers. These six case managers were contacted and invited to participate in a study about their practice; all six agreed.

Data Collection and Analysis

Data were collected over a period of six months in 1995. The researchers began by interviewing the six case managers, seeking to learn–from their perspectives–what excellent case management looked like and how it was practiced. Each interview began with a broad, open-ended question. The researchers did not provide any criteria, standards, or expectations.

Interviews lasted between 45 minutes and 1 hour. All interviews were conducted by the first author. After each interview, the interview transcript and the tape recording of the interview were carefully reviewed. The researchers identified patterns in how the case managers described their work, how they thought about their clients, how they related to their colleagues and other providers, what their priorities were, what they believed was most important to their success, and what they had learned along the way. The researchers also sought information in the data about how case managers allocated their time, how they solved conflicts in the work place, and how they dealt with scarce resources. A particular focus was the language they used to talk about their work, their clients, and their co-workers.

After initial analysis of these interviews, the researchers decided they could best understand what was unique in the practice of these excellent case managers by comparing their responses to those of case managers who were not considered "the best." A second request was made of the same informants who had provided the list of excellent case managers. This time, the research team requested a list of case managers whom the original sources described as "very good," or who "got the work done," i.e., were "good enough." Ten case managers whose names appeared on this new list were also interviewed.

As with the initial set of interviews, these interviews were taped, transcribed, and analyzed by the team. Similar open-ended questions were used. Dimensional analysis of the interviews with individuals in all three groups ("excellent," "very good," and "good enough") allowed researchers to develop categories of the processes that define excellence in case management, as well as the process characteristics that distinguished among levels of excellence.

FINDINGS

Criteria of Excellence

Table 1 shows the criteria study informants (including state agency staff, regulators with and without case management experience, and consumer advocates) used to define "excellence" in case management practice. Informants generally focused on three types of criteria: personal attributes; general approach to the job, and; work strategies and characteristics of the work. Examination of these three criteria categories across the range of different informant sources shows some interesting differences. For example, informants with case management experience (both current and former case managers) tended to place more emphasis on the personal attributes like compassion, humor, and creativity. The personal attributes they described are much more specific and broader in their reach than those solicited from informants who had never worked as case managers. Conversely, informants without case management experience placed a great deal of emphasis on the characteristics of the case manager's work, particularly the written products of that work like care plans and service documentation. The excellence criteria they gave mirror a functional job description of case management. By contrast, informants with case management experience emphasized less tangible aspects of the work, including personal relationships, effective communication, and power-sharing.

Characteristics of Best Practice

When invited to participate in the study, all but one of the six excellent case managers expressed surprise at having been identified as one of the best. They quickly pointed out other case managers whose practices they considered excellent, frequently citing the individuals who had been their own teachers and mentors or supervisors. Five of the six

TABLE 1. Criteria of Excellence

According to informants w/o care management experience	According to informants w/care management experience	According to current care managers
Personal attributes • Intelligent • Efficient • Patient, kind, understanding	**Personal attributes** • Like the people they work with • Genuinely caring • Kind, compassionate, respectful • Attentive • Creative/imaginative • Sense of humor • Knowledgeable about human nature • Responsive	**Personal attributes** • Risk taker • Great listener • Creative • Sense of humor • Committed • Caring • Enjoys work • Has a meaningful life outside of work • Empathetic, non-judgmental, respectful
General approach • Advocacy • Provides information • Respectful of client choices • Helps client to define goals • Well-organized • Able to deny inappropriate services • Welcomes advice from supervisor	**General approach** • Advocacy • Goes above and beyond • Not too disorganized • Goes out of way to learn about the lives of clients • Continues to learn • Takes initiative • Understands and considers the rules	**General approach** • Manage without formulas • Understands and honors the spirit of the rules
Work strategies and characteristics of work • Clearly lays out possibilities for clients • Assesses potential to meet goals • Performs and documents follow through • Actively seeks advice from supervisor • Performs thorough assessment • Care plan is clear and logically related to assessment • Goals are clearly stated • New care manager could easily pick up care based on written care plan	**Work strategies and characteristics of work** • Lots of client contact • Maximize client access to services • Effective communication • Explore, discover, create new services	**Work strategies and characteristics of work** • Able to delegate power to client and client's family • Honors tacit understandings with supervisor • Nurtures the personal side of relationships

expressed how difficult it was for them to talk about what they did and how they worked. (This response is consistent with what other researchers have discovered about so-called "invisible work," particularly care giving (Finch and Groves, 1983).) Not only is the nature of the work not apparent to others, it is also often invisible to the caregivers themselves. In fact, in this study, none of the case managers identified an overarching formula, system, or plan that guided their work.

Of particular significance is the consistency with which each of the six stated that excellent case managers are "certain kinds of people"; that "who you are" is more important that "what you know." Every ex-

cellent case manager explained that being a great case manager is not about a skill (or skills) that can be taught, but is more about personal character and commitment. Despite this, participants' descriptions of their practices and the evolution of their careers suggested that there is, indeed, much about excellent practice that they had learned.

What follows are descriptions of the six processes that the excellent case managers used to define the nature and quality of their practices. Although they are described separately here, the reader will quickly see the interrelationships and dependencies among them.

Honoring the Spirit of the Rules

Each of the excellent case managers professed a respect for the rules (Medicaid, Medicare, Waivers, internal policies), as well as an understanding of their purposes and usefulness. Only one of the six referred to herself as a rule breaker. However, each case manager spontaneously described instances in which rules were broken. Closer analysis suggested that these case managers interpreted respect for rules as understanding and following the *spirit* of the rule rather than adhering to it precisely. Stories of rule bending and rule breaking were actually offered as examples of following the rules. For example, one case manager described how he allocated personal care hours by "borrowing" eligible hours from one client and giving them to another as clients' needs changed. This often meant that care surpassed "maximum allowable hours" for an individual client. The case manager was seemingly unconcerned about this violation, stating "it all works out in the end."

For these case managers, honoring the spirit of the rules was repeatedly, although not explicitly, described as sufficient and acceptable. Even important rules were seen as philosophies rather than prescriptions and were used as guides rather than as mandates. Although these six case managers had been described by others as "willing to do whatever it takes" to obtain what the client needed, they were not flagrant rule breakers. On the contrary, they perceived flagrant disregard of the spirit of the rules as likely to cause problems for themselves, and more importantly, for their clients.

Risk Taking

Risk taking was identified by each of the six "best" case managers as important for both clients and case managers. Clients had to be allowed the "dignity of risk." Case managers had to be supportive of client risk

taking and, when necessary, to take risks themselves on behalf of and in support of their clients. However, case managers described how risk taking, like rule breaking, had to be engaged in cautiously and thoughtfully.

Participants described various domains of risk taking: the risk of being reprimanded for supporting client choices that were considered inappropriate by supervisors, other case workers, staff from other agencies, and consumers' families; the risk of supporting a consumer choice that could result in some harm to the consumer; the risk of making a poor choice about how to use a scarce resource; and the risk of engaging in rule breaking that could lead to repercussions for the agency that employed them.

Not surprisingly, risk taking was not taken lightly by these case managers. It was not done indiscriminately, but always deliberately with a specific, justifying, purpose in mind. Too much risk taking would get the case manager "in trouble" by resulting in a loss of a supervisor's trust, a cashing in of too many favors, negative consequences for the client, or antagonism of the providers with whom the case managers must continue to work. Each case manager acknowledged how the possible outcomes of risk taking situations had to be anticipated and considered carefully. Risk could be justified only when something very important to the client was at stake. For example, one case manager described how she allowed a client to remain in a house that had no heat or running water, clearly a situation fraught with physical risk, because the client so strongly wished to remain at home.

Consistently, these case managers described how an assessment of when a risk is justified and worth the trouble requires an intimate knowledge of the client. For excellent case managers, this knowledge was the basis for personalizing care and was the most important factor in determining when to take risks or support client risk-taking.

Nurturing the Personal Side of Relationships

Also common to each of the descriptions from the six excellent case managers was a recognition of how important it was to maintain positive and respectful relationships with supervisors, colleagues, clients, clients' families, and other providers. Although it was not part of their formal job descriptions, these case managers spent tremendous amounts of time and energy nurturing all of these relationships. The relationships these case managers created with their co-workers facili-

tated their ability to negotiate and adapt services in a way that could more closely meet a particular client's needs.

Each of the six had either developed specific strategies to nurture relationships with providers in the community or relied on their supervisors to do so. For example, some case managers made efforts to become friendly enough with providers that it was difficult for these providers to say "no" when the case manager's client needed something. One case manager in a county with limited providers was so well linked to the community that she always knew how and where to find informal back-up. Building personal relationships made case managers more effective, as well as making the work more enjoyable. Nurturing these relationships required extensive networking efforts and significant interaction with other providers in the community.

Case managers described how cultivating personal relationships with co-workers, while also advocating for clients, could sometimes be problematic. For example, they sometimes faced difficult choices between maintaining friendly co-worker relationships and responding to a client's wishes when the client wanted a service that the case manager's co-workers might be competing to obtain for their own clients. The case manager would then be forced to choose between disappointing the client or antagonizing the co-workers. Under these circumstances, the case manager might decide to let the co-workers take whatever they were competing for in order to build up credit for later use. None of the excellent case managers, however, would back away from a service they believed was really important to a client even when risking anger from co-workers or providers. A willingness to place personal relationships and support networks in jeopardy, and to face the anger of a supervisor, constituted one form of risk taking for case managers. The primary risk was threatening the support or credit they might need in the future.

Managing Without Formulae

As noted, this group of excellent case managers lacked any notion of specific formulas for doing their work. None of the six used formulae that distributed available time, effort, or resources in a way that conformed with an ideal of fairness. In fact, the concept of fairness or equity was perceived by these case managers as too abstract and too far removed from particular clients to be useful in responding to individual needs. Instead, decisions about time and resource allocation were all framed in terms of what a particular client needed at a particular time.

An orientation to client needs required an intimate understanding of what each client needed at any given time, including an on-going calculus of which clients needed more resources and which could get by with less at any given time. This practice required a willingness to break rules about mandated visits and time distributions while adhering to the "fairness" intent of the rules. It also relied upon the case managers' ability to know when client needs, and levels of need, were shifting.

Without a standardized guide to distributing time and resources, case managers constantly re-examined their caseloads and worried about how well they were doing. There was always a level of uncertainty about whether there might be a better way of making allocation decisions or about whether some decisions might have been incorrect. One case manager expressed this lack of certainty:

> [It would be] easier to be an accountant because at the end of the day I could add up my two columns and know that I did a good job, because I would know that it came out the way it was supposed to. In this job I don't know.

Listening and Knowing

Repeatedly, these "best" case managers talked about the importance of listening to clients. They expressed the belief that they could not do their work well if they did not listen. Almost all of them told stories about clients to whom they had not listened carefully enough, and the unfortunate consequences that had resulted.

Additionally, all talked about their clients in ways that showed an intimate understanding of who the clients were, a familiarity and closeness that revealed itself in a richness of detail and level of sensitivity that was not often seen in other case managers. The personal engagement was obvious, encompassing not just individualized service needs, but individual client idiosyncrasies. This richly detailed storytelling was a hallmark of the interviews with the "best" case managers. The case managers themselves recognized the importance of this trait:

> I believe we need to consistently tell real stories, put real faces, to all aspects of our decision making.

[We need] to really see that person's life as close as possible to how they see their own life.

Listening and knowing required a large commitment of time. It meant that excellent case managers were spending a large percentage of their time listening to their clients rather than "doing something" more tangible. It also meant that time might not be allocated evenly across clients. This commitment to listening also meant that other work (especially paperwork) was sometimes not done or done late. Supervisor support was critical to allowing case managers to allocate their time this way.

Such a deep level of intimacy and personal investment seemed to be associated with both a greater appreciation of what was most important to clients and a greater willingness to take risks in order to realize client goals. This may in part explain the greater emphasis on risk taking seen in this group.

Relating to Supervisors

Of all the conditions described by these case managers as necessary for excellent practice, they placed the greatest emphasis on having a supervisor who was supportive and facilitating. All of the excellent case managers described a common reliance on the good will, good advice, and support of their supervisors. In fact, the six "best" case managers all emphasized how essential supervisors were in allowing them to be excellent case managers. The key characteristics of supervisors who made excellent work possible included: behaving as mentors; being available and involved; having experience; being responsive and respectful; trusting the case managers; facilitating and smoothing the way for the case managers; being accepting and forgiving of mistakes; being supportive of risk taking; being able to do damage control when the situation warranted it, and; having a sense of humor.

Good supervisors were seen as collaborators rather than as overseers. These excerpts from the interviews illustrate important features of the relationship between excellent case managers and their supervisors:

He lets us do our job. He treats us as professionals. He figures we have the judgment to know, to ask for guidance. He won't intrude unless you ask him.

> I think I can do [good case management] because of my boss. He knows because he's been a case worker. He says client contact is most important. He's not one of these guys who says 'Is your paperwork done?'

> He has an attitude. He knows because he's been a case worker. He knows if you have to do it, you have to do it. It comes under 'other' in the job description.

It was crucial to the six excellent case managers that their supervisors also were willing to engage in damage control for them. For example, when a case manager found it necessary to advocate for a client in a way that involved "rule breaking" or upset a provider, they counted on supervisors to back them up, and to handle the consequences of their actions. They also expected their supervisors to understand that what they had done was both right and necessary in order to achieve the desired outcome for the client. Good supervisors knew this intuitively and often handled the fallout, while acknowledging that the case manager's decision had been the right one.

The characteristics of best practice identified by the "best" case managers all require the support and cooperation of the supervisor (Bowers, Esmond, and Canales 1999). Excellence seems to be possible when the skills and perspectives of an excellent case manager are working in the right context: one that is created by an excellent supervisor. According to these case managers, neither condition alone is sufficient. Several participants, for example, provided specific examples of how their practices varied in quality depending on their supervisors. In particular, they noted how supervisors who enforced restrictions on time spent with clients, mandated that they spend equal time across clients, focused on getting paperwork done, and insisted that case mangers always follow the rules made it difficult to provide excellent case management.

Distinguishing Excellence

Among the three groups of case managers interviewed, differences between the excellent case managers and the others focused on the following issues: the role of supervisors; the meaning of rules and regulations and a willingness to take risks, and; the nature of the relationship with the client. Together, these issues compose the meaning of "advocacy."

The most striking and consistent difference between the excellent case managers and the others was the relationship between supervisor and case manager. Case managers in the other two groups were much less likely to identify the supervisor as significant to enhancing and facilitating their work. They tended to see supervisors as much less relevant to the quality of their work. Individuals in these other two groups ranged widely in how supportive they believed their supervisors were, and whether they had good relationships with their supervisor. However, none identified supervisors as critically important. This was in sharp contrast to the six excellent case managers who were likely to say that supervisors were central to the quality of case management practice.

A second contrast with the excellent case managers was the degree to which rules were strictly followed. While adhering to the spirit of the rules was characteristic of the best case managers, other case managers were more likely to be guided by the letter of the rules. Several "less-than-excellent" case managers described situations where they were forced to deny services to their clients and were "unfortunately" unable to meet client needs because they were limited by the rules. They explained that under such circumstances there was nothing that they could do.

A third characteristic was a deep, personal knowledge of the client. The "best" case managers spent a great deal of time simply listening to their clients. This investment of time paid off in a greater knowledge of the clients and a better understanding of their stories. This knowledge and understanding then could be applied when making care decisions. In contrast, the "less-than-excellent" case managers interviewed felt that it was unnecessary to have close relationships with their clients in order to identify their needs or to make case management decisions. In fact, these case managers tended to express a belief that each client deserved similar amounts of resources, regardless of the particulars of their life situations.

A fourth characteristic of practice that differed markedly between the "best" case managers and the other two groups was how they allocated their time across clients. While the group of excellent case managers tended to allocate time based on perceived need and to continually readjust the time allocated to each client, the other case managers were much more likely to allocate time evenly across clients. While all case managers agreed that it was sometimes necessary to spend greater amounts of time with clients who were in greater need, or experiencing a crisis, only the "best" case managers talked about continually reas-

sessing and reallocating the time spent with clients. Finally, while the excellent case managers often spent inordinate amounts of time up front getting to know new clients, the others explained how it took a long time and many contacts to "really get to know a client."

DISCUSSION

The model of excellent case management that emerges from this research integrates many aspects of the functional and role models described in the literature. The findings reported here add some depth of understanding to these existing models by exploring what characterizes high quality case management practice. There are several tasks that are consistently included in descriptions of what case managers do, but these tasks are generally not well defined. The results of this study provide some insight into the nature of these tasks and how they are done by case managers who excel at their work.

Assessing Need

The excellent case manager knows clients well enough to understand the context of their lives, including what is really important to the client now and in the future. This knowledge allows the case manager to know when to advocate and when to take risks or support the client's risk taking. It also gives them a framework with which to determine what can be made a lesser priority without negatively affecting a client's quality of life.

Co-Ordinating Services

Excellent case managers carefully match clients to selected services. They know when clients need more services and when they can be sustained with fewer services. By drawing on their personal contacts and their knowledge of the client, they are able to find clients what they need even when the services provided might exceed official entitlements.

Gaining Access

The best case managers are constantly making trade-offs, waiting, and compromising in order obtain quick access to services when the

need is greatest. They nurture relationships with providers and other gatekeepers in order to facilitate access for their clients. They are willing to bend eligibility rules and benefit limits, putting back the borrowed resources another time. They create services where there are none, often through informal networking or barter.

Reducing Costs

Excellent case managers are always calculating the costs financial and personal) of their decisions. These calculations look at the costs to the focus client, other clients, co-workers, supervisors, and themselves. They weigh the risks and benefits for now and for the future. They often keep some reserves hidden to allow for emergencies or barter situations

Advocating

The best case managers understand how and when to call in favors. They have a reserve of credit upon which to draw, and devote a lot time to replenishing this reserve. They know when it's important to bend the rules. They know when, how, and how often to push.

Personalizing Services

The best case managers spend enough time with their clients to get know them. They understand what is really important to each client and appreciate the intimate details that matter for each person. They do not work with a standard formula or checklist. They are always listening and "putting a face on the stories" and needs of their clients.

Monitoring Quality

Excellent case managers recognize the individualized nature of quality. Instead of relying on standardized indicators, they keep in touch with their clients, paying close attention to any changes in their circumstances, needs, or wishes. They do enough documentation to stay out of trouble, but in general they de-emphasize the importance of paperwork.

These tasks and qualities are entirely consistent with the core values of social work–particularly the values of competence, service, dignity and worth of the person, and importance of human relationships–and with the standards of practice for social work case management approved by the NASW in 1992. Although data for this study were gath-

ered in the public system, it is reasonable to expect that similar qualities might be found among excellent case managers working in the private sector.

CONCLUSION

The results of this small study suggest many areas that require more research, as well as several ways in which excellent case management might be facilitated by long-term care systems. First, further research might focus on delineating the characteristics of the "kind of person" who excels at case management. This research could then be used for recruitment purposes. Second, many of the practices described by the "excellent" case managers in this study could be more closely studied and integrated into training curricula. Third, case management supervisors and others charged with system oversight could use this research to better understand, and then codify, how supervisors can facilitate, rather than obstruct, the delivery of excellent case management services. Finally, the success of the "personalized" services provided by these excellent case managers suggests that long-term care systems could improve by allowing more emphasis on personalized outcomes in evaluation. Holding case managers accountable for both determining and then meeting such performance criteria would provide structural reinforcement for the qualities of excellence described in this paper.

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